

## Application Data Sheet

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### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Title:: Nasal Mask Cushion  
Attorney Docket Number:: 1-24035  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 15  
Small Entity?: No  
Petition Included?: No

### Inventor Information

Applicant Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Allan  
Middle Name:: R.  
Family Name:: Jones  
Name Suffix:: Jr.  
City Residence:: Derry  
State or Province of Residence:: Pennsylvania  
Country of Residence:: US  
Street of Mailing Address:: R.D. #1 Box 330  
City of Mailing Address:: Derry  
State or Province of Mailing Address:: Pennsylvania  
Country of Mailing Address:: US  
Postal or Zip Code:: 15627  
Applicant Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Nicholas  
Middle Name:: J.  
Family Name:: Macmillan  
City Residence:: Greensburg  
State or Province of Residence:: Pennsylvania  
Country of Residence:: US  
Street of Mailing Address:: 106 Pinehurst Lane  
City of Mailing Address:: Greensburg  
State or Province of Mailing Address:: Pennsylvania

Country of Mailing Address:: US  
 Postal or Zip Code:: 15601  
 Applicant Type:: Inventor  
 Primary Citizenship Country:: United States  
 Status:: Full Capacity  
 Given Name:: Terry  
 Middle Name:: M.  
 Family Name:: Birchler  
 City Residence:: New Albany  
 State or Province of Residence:: Ohio  
 Country of Residence:: US  
 Street of Mailing Address:: 1688 Harrison Pond Drive  
 City of Mailing Address:: New Albany  
 State or Province of Mailing Address:: Ohio  
 Country of Mailing Address:: US  
 Postal or Zip Code:: 43504

**Correspondence Information**

Correspondence Customer Number:: 4859

**Representative Information**

Representative Customer Number:: 4859

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35USC 119 (e) | 60/451,113           | 02/28/03             |

**Assignee Information**

Assignee name:: Sunrise Medical HHG Inc.  
 Street of Mailing address:: 7477 East Dry Creek Parkway  
 City of mailing address:: Longmont  
 State or Province of mailing address:: Colorado  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 80502